

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

APPLICANT/IS

09/538670

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---------------|----------|------|------------------------|------|------------------------|------|
| | INO. | DEP. | INO. | DEP. | INO. | DEP. |
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| TOTAL INO. | 16 | | | | | |
| TOTAL DEP. | 10 | | | | | |
| TOTAL | 16 | | | | | |

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| TOTAL INO. | 16 | | | | | |
| TOTAL DEP. | 10 | | | | | |
| TOTAL | 16 | | | | | |

BEST AVAILABLE COPY